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WHAT THE



ome nursing auxiliary

SHOULD KNOW ABOUT

civil defence




**WHAT THE
HOME NURSING AUXILIARY
SHOULD KNOW ABOUT
CIVIL DEFENCE**

foreword

This book has been written as a guide for all persons taking home nursing and places emphasis on the responsibilities they would be expected to assume in a disaster situation. By common agreement with the Canadian Red Cross Society and the St. John Ambulance Association, the two agencies which teach home nursing, most of the material contained in this book will be integrated into the standard home nursing course.

Appreciation is expressed to the senior nurse representatives of the St. John Ambulance Association and the Canadian Red Cross Society who assisted in the planning and preparation of this book.



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CHAPTER 1

civil defence and you

When you are prepared to act immediately and effectively on behalf of yourself and others in time of disaster, you are practising “*Civil Defence*”. Whether the disaster is from natural causes, such as flood, fire or tornado, or caused by an enemy attack, the action taken is practically the same. Only the degree of action will vary. **WHAT IS IT?**

Civil Defence has been described as “self-preparation for self-preservation”. But it is more than that. It is community preparation for community preservation and national preparation for the preservation of democracy. Even though interest in Civil Defence must begin with the individual, it must extend to the community in which the individual lives and through the community across the entire nation.



We try to prevent disasters but we are not always successful. Men cannot prevent all careless acts. He cannot control the elements, nor can he subdue the advances of this scientific age. It is inevitable that disasters will occur, but it is possible, through Civil Defence planning, to cope with them. If a disaster strikes, only a trained person, an informed community and a disciplined nation can bring order out of chaos. **WHY IS IT IMPORTANT?**

The responsibility for national disaster planning was vested in the Department of National Health and Welfare in 1951. This Department has recommended plans through which disaster controls can be set **WHAT IS YOUR PART?**

up at each level of government. As implementation of these plans is primarily the responsibility of the individual citizen, everyone should know what to do prior to, during and following a disaster. Specific manuals have been written to provide instructions to various types of Civil Defence workers. This book has been written to inform the Canadian woman how she can assist in health services disaster planning within her community.



HOW IS HOME NURSING RELATED TO CIVIL DEFENCE?

Home nursing is the skill of providing simple nursing care for the sick or the injured under professional direction. Under normal conditions, many persons may be involved with the health and welfare of one individual. But under disaster conditions, the situation would be reversed.

Large numbers of persons would require medical assistance and all too few trained persons would be available to help them. Consequently, the greatest single medical and nursing problem in a disaster could be one of sheer volume. The answer to this problem is to teach as many people as possible how to care for themselves and how to assist in the care of others.

The Home Nursing courses taught by the Canadian Red Cross Society and the St. John Ambulance Association have been adapted to include established nursing techniques for use under both normal and disaster conditions.

CHAPTER 2

what you should know about civil defence organizations

To organize means to bring into orderly focus what already exists and to supplement this with whatever may be needed to do a particular task. No one knows the magnitude of the Civil Defence role in disaster. The best that can be done is utilize the existing services and build from there.

WHAT IS IT?

That is what Civil Defence has done and is doing. It is continually taking stock of existing services and supplementing them in many communities by:

- (1) training volunteer auxiliary workers to assist those engaged in a field of public service;
- (2) training key persons to establish and direct the development of new services as they are needed;
- (3) co-ordinating existing and new services so that each is aware of the duties of the other in the overall plan;
- (4) maintaining a constant channel of communication so that new developments are made available to all CD personnel;
- (5) acquainting the public with the need for individual preparedness and participation in a Civil Defence service.

Civil Defence organization is the co-ordination and extension of existing services through the participation and co-operation of informed and interested persons in each and every community.



WHAT MAKES IT WORK? A community must have a Civil Defence Co-ordinator.

This person may be appointed by the government or the city council. He may be a paid administrator or he may be a volunteer. Depending on the size of the area for which he is responsible, he should have one or several paid or volunteer assistants. But the principle is always the same: one individual officially appointed to whom the many are responsible.

The responsibility of each person is to find out who has been appointed as Civil Defence Co-ordinator and particularly, who is charged with the training of women. Once this has been done, the Civil Defence program can be strengthened by:

Learning about the various public services in the community.

Encouraging others to become informed and responsible for community affairs.

Considering ways and means of strengthening existing public services and supplementing those which would be taxed in an emergency.

Enrolling yourself for training in the Civil Defence service where you feel you would be most useful.

Sponsoring Civil Defence courses in home nursing, first aid or recommended welfare courses in your community with the help of local or outside agencies.

Supporting Civil Defence until a minimum of one person in every home is fully prepared and taking an active part in the community organization.

No matter what the **WHAT SERVICES ARE INVOLVED?**
community, a Civil
Defence nucleus already exists:

the doctor and the nurse—who represent
medical and nursing care;

the pharmacist—who represents drugs and
surgical supplies;

the news editor—who represents communica-
tions and public information;

the police—who represent law and order;

the fire chief—who represents the fire-fighting
service;

the engineer—who represents public utilities.

These are a few vital community services which may or may not be taken for granted. There are other important services in the community, such as those represented by the social worker and the dietitian. All of these services represent many people trained to do specific jobs. All will need to be supplemented by large numbers of trained volunteers if they are to continue to provide essential services. This means that many persons now engaged in important and necessary day-to-day tasks will be relieved to work with others in the complex and enlarging role of maintaining life, providing care for the injured, shelter for the homeless and food for the hungry.

Just as existing services may be supplemented by trained volunteers, so the establishment of new services will require the recruiting of additional personnel.

Among these is the *warden service*, which will allocate to a sector or block a trained CD volunteer who will be responsible for emergency directions and peacetime training.

The rescue service is necessary to safeguard injured persons trapped in debris following an enemy attack. Other Civil Defence services which must be prepared and ready for action during any major disaster are: fire, police, engineering, health and welfare. Simultaneous action will also be taken by such services as: warden, rescue, emergency supplies, radiation monitoring, and control room and co-ordinating services which include transportation, communications and information common to all organized services.

WHAT ARE THE SPECIAL VOLUNTEER GROUPS?

In an emergency, everyone will be needed. Everyone will be a volunteer. The significance of the special volunteer groups is that they may be prepared now to help in one of several specific fields as trained volunteers if and when they are needed. There must be large numbers of volunteers in every community prepared to assist the doctors, nurses and pharmacists, the police, the firemen, the welfare officials, the cooks, the ambulance drivers, the telephone operators, and the headquarters staffs in the control rooms. Each individual should be encouraged to take special Civil Defence training in these fields now. In any emergency, these volunteer groups with their specialized skills, and their additional Civil Defence training will work with and supplement the existing community services.

Every woman trained in Home Nursing will be registered under Health Services

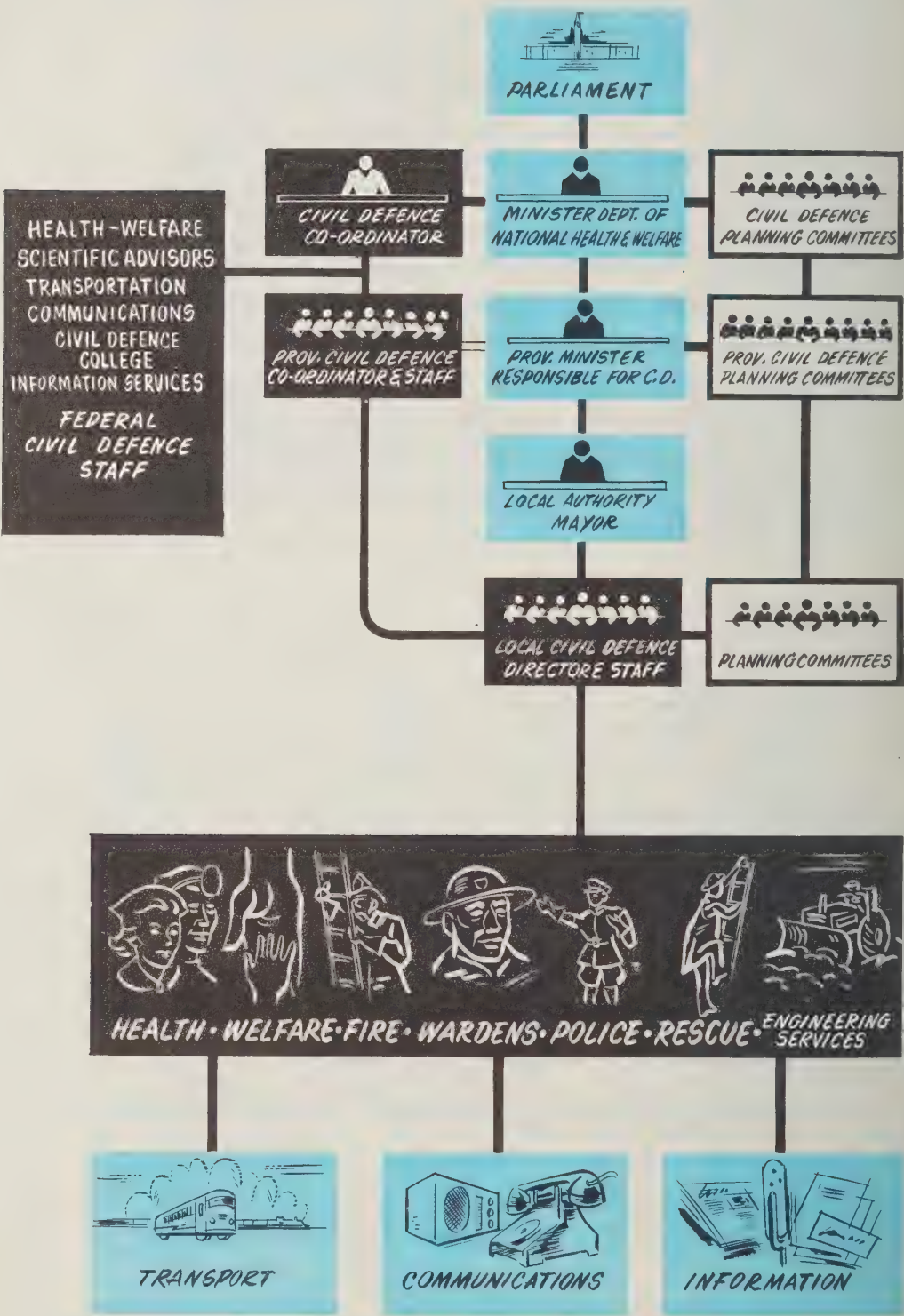
WHERE DOES THE HOME NURSING GROUP FIT IN?

as part of the volunteer nursing auxiliary reserve force. This group will be called into action in case of an emergency to work with the doctors and nurses. Each will be assigned to a specific unit to assist in providing care for the sick and the injured, the infants and the aged under professional supervision. Every attempt will be made to keep families together. Women with personal responsibilities which cannot be delegated to others will naturally serve best where they are.

This book includes a detailed description of the various casualty service units which would be set up following a disaster to provide care for the large numbers of casualties.



CIVIL DEFENCE ORGANIZATION



CHAPTER 3

what you should know about problems arising in a mass disaster

A disaster is something that happens unexpectedly. It may involve one person or it may involve several hundreds. When a large number of people are affected, the situation is usually termed a mass disaster.

The first thing which must be done in any disaster is restore order out of confusion. In a mass disaster, the immediate concern is to save the greatest number of lives and to restore health to as many of the ill or injured as is possible. The most pressing need will be for food, shelter, medical care and protection from additional hazards for the survivors. During a large scale disaster, these essentials would be provided under the most difficult conditions for many thousands of persons. Consider any personal disaster and multiply one's reactions, needs, and fears, so that the confusion and problems in a mass disaster can be better understood. Unless the individual realizes the enormity of the problem, she will not realize the importance of Civil Defence pre-planning and preparedness.

Personal experience has revealed the different ways in which people react to the sudden shock of bad news. Some give way to violent grief, some appear numbed and incapable of action, others remain cool and collected and are able to carry on with necessary tasks.

EMOTIONAL REACTION

It would be the same in any sudden catastrophe. People would react in a variety of ways. Immediately following the disaster the majority of

people would be stunned, confused and unable to think clearly. They would be dependent on others and easily influenced. A few would become excited and irrational. Unless quick measures were taken to control and isolate these disturbed persons, there would be danger of panic.



Fortunately, in any crowd there are always a few persons who can be depended upon to keep their heads, and give proper leadership, because they have had previous training. A degree of reassurance is necessary at this time but false optimism should be avoided. In the days immediately following a disaster, the survivors would soon realize the full extent of the calamity. They would be concerned about relatives and friends. Useful activity, under leadership, provided at such a time would do much to restore morale.

DISRUPTION OF NORMAL FACILITIES

Experience has shown the inconvenience caused by a sudden shut-off of water, gas or electricity in a community. Imagine the initial helplessness if all public utilities were suddenly disrupted! In a major wartime disaster that is exactly what would happen. There would be no electricity or gas for heating, cooking or light. Water might not be available, but if it were, it might be contaminated and unsafe for drinking. The telegraph and telephone would probably be out of commission. The newspaper and mail service would not be functioning. There would be uncertainty and anxiety as to what was happening elsewhere to friends and to family. Battery radios might be the only means of allaying fears during this initial period.

When a community is cut off from the source of supply by a flood or snowstorm, food, milk and other necessities run low. In a mass disaster the source would not only be cut off but the food shops, drug stores, hospitals and warehouses within the community would probably be destroyed. Any remaining supplies would have to be used with the most stringent economy for the most urgent needs.

STRAIN ON SUPPLIES AND PERSONNEL

Manpower would be limited. Many would require immediate first aid and medical care. Trained persons willing to accept direction would be of inestimable value. Resources would be taxed to the utmost to meet countless and sudden needs. To offset this situation to some extent steps have been taken by Civil Defence to stockpile drugs and other emergency supplies in strategic places across the country.

A train wreck or big fire, such as the Noronic, with scores of casualties strains

THE VARIETY OF CASUALTIES AND THE DEGREE OF INJURY.

the hospital and ambulance resources of a big city. In a great catastrophe there would be thousands of casualties. Injuries would be of every variety ranging from bruises to large gaping wounds. Flying glass and falling masonry would cause lacerations, fractures and crushing injuries.

Fires might occur causing many burn casualties. Some would be severely injured and some to a lesser degree.

It will be necessary to assess the types and degrees of injuries to determine which should be treated first. Each casualty would have to be tagged for identification. Records of treatment would have to be initiated. Accurate information regarding all survivors would be an extremely



important factor in effecting the early reunion of families.

THE DANGER OF INCREASED INFECTION

When a person cuts a finger or is burned, careful measures are taken to prevent infection by thorough handwashing before dressing the wound. In a mass emergency there would be neither time nor facilities for similar precautions. Consequently an increased degree of wound infection is apt to occur. Civil Defence planning includes the storing of special dressings which would be available for use under these circumstances.

THE DANGER OF EPIDEMICS

In time of disaster, large numbers of survivors would be crowded together in shelters without adequate sanitation. Fatigue, anxiety and irregular meals would tend to lower general resistance. Communicable diseases could spread rapidly under such conditions unless there were effective pre-planning and immunization.

AUXILIARIES REQUIRED TO SUPPLEMENT PROFESSIONAL PERSONNEL—

It is a known fact that there are not enough doctors and nurses in this country to meet the everyday needs of the population. A sudden influx of serious casualties in addition to those already sick, would place an overwhelming burden on the medical profession. Great numbers of auxiliaries would be needed to assist in the care of the sick and the injured. Lay persons would be expected to take on additional responsibilities and become members of the medical team carrying out orders under direction. Professional personnel would have to be conserved for investigation and care of the most critically ill. Only through such teamwork, under professional direction, would it be possible to give the best care to the greatest number.

CHAPTER 4

what you should know about problems arising from the use of atomic weapons

Consideration has been given to some of the problems involved in mass disaster. But what would happen if modern atomic weapons were used in an enemy attack on this country? It is not known when, where or whether these weapons will be used, but examination can be given to the evidence available. One glaring fact is apparent—modern atomic weapons are the most powerful agents for destruction that have ever been devised.

The first atomic bombs
dropped over the

FACTS ABOUT ATOMIC WEAPONS

Japanese cities of Hiroshima and Nagasaki were equivalent in explosive force to 20,000 tons of high explosive. Since the war, weapons 500 to 1,000 times more powerful have been built and tested. Therefore, if an A-bomb were burst over a North American city, there could be complete annihilation within a radius of four miles, severe damage to buildings within a radius of eight miles, and moderate or light damage to 15 miles or more. That is, a built-up area of seven or eight hundred square miles would be completely destroyed or made almost uninhabitable. This damage would be due to the blast alone and takes no account of what would happen if the ruins caught fire.

If there were a third world war, such bombs could be used and might be dropped on Canadian cities or towns. Atomic weapons are not a mysterious menace against which allied nations are completely power-



less. They are weapons similar to those used in the last war, only vastly more powerful and with the additional danger of radioactivity.

EFFECTS OF ATOMIC EXPLOSION

When an atomic weapon is exploded, four things

occur. In addition to the extensive blast damage, there is the heat flash which lasts for several seconds and can cause serious burns to exposed parts of the body.

On a clear day, these "flash-burns" would be inflicted on persons 10 to 12 miles from the point of explosion. At Hiroshima, where the weapon, by present day standards, was small, burns to faces, hands, bare arms and shoulders occurred two to three miles from the explosion.

The third effect of an A-bomb blast is the release of highly penetrating "gamma rays" which cause radiation sickness. Many Japanese were killed or injured by gamma rays. But if large weapons are used, the injuries from immediate radiation will be insignificant since the ground area covered by the rays will be small compared to that of the blast.

Finally, there is the danger of wide-spread radioactive dust or fallout. This danger increases with increasing weapon-size and is now a most serious threat. The radioactive dust rises with the bomb cloud and gradually filters down to the earth's surface, contaminating hundreds or thousands of square miles of countryside. Civil Defence authorities are now giving much attention to the protection of people, food and water against fallout.

REVIEW OF EFFECTS

To review the preceding, blast destroys buildings and people are injured by falling and flying debris. The heat-

flash can cause burns, and fires add to the destruction and toll of injury and death. Immediate radiation can cause injury but is less important than blast and heat. As large weapons become more practical, radioactive fallout, though a less immediate hazard, may be most extensive in its effect.

Most injuries from atomic attack on cities would be

PRE-PLANNING IS NECESSARY


due to blast, heat-flash and fire. At Hiroshima, only a few thousand people were killed at the instant of blast; in the next 24 hours between 25,000 and 29,000 perished from injuries or in the flames of the burning city; and nearly 50,000 died in the next six months, largely because the medical and social services of Japan were overwhelmed.

One can only speculate on the numbers that might have been saved had the population been thinned out by evacuation and had there been available the simplest of medical and social care, even on a limited scale. These observations are the strongest argument in support of the Canadian Civil Defence Survival Plan.

Injuries from radioactive fallout are of two kinds. First, skin-burns are produced by short-range rays.

**PROTECTION FROM
RADIOACTIVE DUST**

Second, radiation-sickness occurs because fallout emits penetrating gamma rays. Protection against skin-burns is afforded by keeping the radioactive dirt off the skin or washing it off with plain water or detergent (not soap) if the skin is dirtied. Gamma rays are blocked by earth, brick, stones or similar materials in sufficient thickness.



Adequate protection is gained in a fallout area by taking refuge in the cellar and waiting a few days until the radioactivity has diminished to a safe degree. A deep cellar with three feet of earth overhead would be very satisfactory. For food and water, protection against the dust particles is all that is needed.

CONCLUSION The dangers from an atomic attack are immediate destruction of the target city and a widespread health hazard from radioactive fallout. Evacuation is the answer to the first danger, protection against burns and radiation-sickness by shelter, the safeguard against the second. Basic plans for orderly withdrawal have been completed by Federal Civil Defence and can be adapted to the local needs of any community.

Evacuation and redistribution of a city's people is a large undertaking, but it can succeed if planning, organization, good local leadership and suitable public education are provided in advance of the event.

CHAPTER 5

where will home nursing auxiliaries be needed

Plans for the care of casualties following a major disaster in any community are divided into two parts, primary treatment services and hospital services.

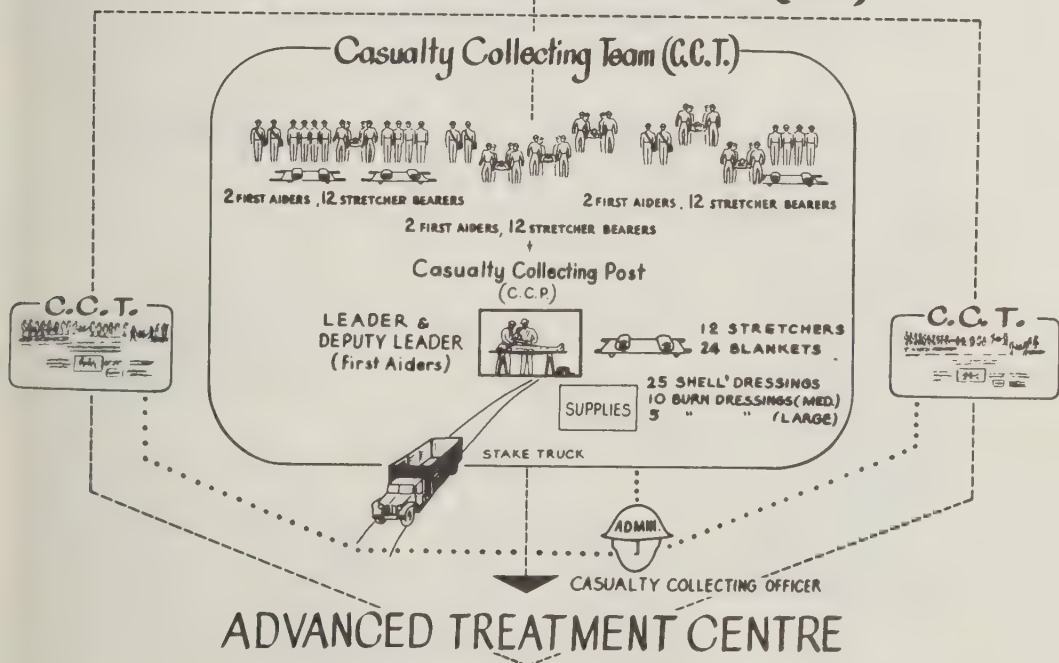
PLANS HAVE BEEN MADE FOR CASUALTY SERVICE

PART 1

PRIMARY TREATMENT SERVICES

(a) *Casualty Collecting Units* consisting of trained first-aiders and stretcher-bearers will administer first aid to the injured at the site of rescue. The casualties will then be transported by stretcher carriage to Casualty Collecting Posts where their condition will be checked prior to evacuation to an Advanced Treatment Centre.

CASUALTY COLLECTING UNIT (C.C.U.)



Personnel of a Casualty Collecting Unit

Each Casualty Collecting Unit will have an administrative officer and will consist of three teams. Each team will include:

Unit Leader	1
Deputy Leader	1
First Aiders	6
Stretcher Bearers	36
UNIT TOTAL	44

NURSING AUXILIARIES ARE NEEDED IN THE ADVANCED TREATMENT CENTRES

(b) *Advanced Treatment Centres* will be set up as close to the disaster site as possible in order to function

safely. The injured will receive first medical treatment and first nursing care at this unit. Each of these centres will be capable of handling 500 casualties.

ADVANCED TREATMENT CENTRE

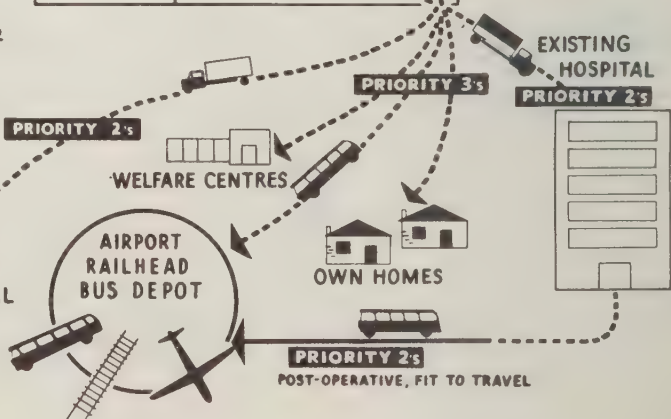
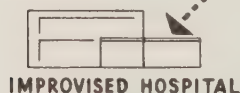
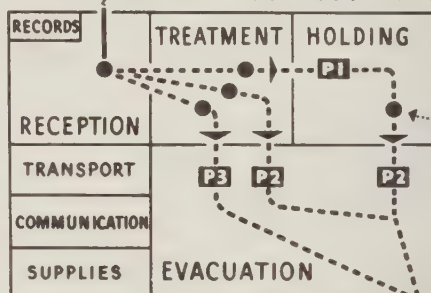


A.T.C. PERSONNEL

Med. officers	2
Prof. personnel (1 to be admin)	3
Supply officer (Pharmacist)	1
Nurses	4
Nurses Aides	30
Transp. & communication officers	3
Clerks	2
Stretcher bearers	12
Welfare worker	1
plus additional labouring help assigned by warden	

A.T.C. TRANSPORT

Stake trucks	6
Passenger Cars	2



Personnel for an Advanced Treatment Centre

Medical Officers.....	2
Administrative Officer.....	1
Professional Personnel.....	2
(dentists or pharmacists)	
Supply Officer (pharmacist).....	1
Nurses.....	4
Nursing Auxiliary and First Aid	
Workers.....	30
Transport Officers.....	3
Clerks.....	2
Stretcher Bearers.....	12
Welfare Worker.....	1

Some of the nursing auxiliary workers would be trained nursing assistants. The remainder will be drawn from the Home Nursing Auxiliary group.

In addition to routine care, all nursing auxili- **DUTIES**
ary workers will be expected to assume
increased responsibility under professional super-
vision. These responsibilities may include:

- (1) controlling haemorrhage
- (2) immobilizing fractures
- (3) applying dressings to wounds and burns
- (4) maintaining records
- (5) providing care to non-evacuated patients
- (6) feeding helpless adults and infants
- (7) observing the progress of patients

Selected auxiliary workers will receive on-the-job instruction in special nursing procedures, such as administering medications or injections which are ordinarily beyond the function of this group.



TRAINING Preparation for duty in an Advanced Treatment Centre should consist of training in home nursing plus a knowledge of first aid. Practical training will be initiated in a community when Advanced Treatment Centre exercises are held by the local Civil Defence Health Services. A training program should include lectures, film presentations, unit demonstrations and combined exercises with Civil Defence Services in your own and other communities.

DOCUMENTATION The only data which nursing auxiliaries would be required to record would be related to the fluid intake and output of certain patients, as well as their pulse and temperature.

PART 2

HOSPITAL SERVICES

NURSING AUXILIARIES ARE NEEDED IN ALL HOSPITALS Immediate treatment and early evacuation of the injured is the basic principle on which Advanced Treatment Centres function. Depending on the extent and degree of injury, each casualty will be transferred from an Advanced Treatment Centre to:

- (a) his home or a welfare centre
or
- (b) an existing hospital
or
- (c) an improvised hospital

Existing hospitals—In the event of a mass disaster, hospitals will be reserved for the treatment and care of the most seriously injured persons. Even damaged hospitals will have

to be used. Space for the sudden influx of casualties will be provided through the pre-planned evacuation of the hospital's less seriously ill patients. Today, in hospitals across the country, disaster plans are being set up as part of the national preparedness plan.

Improvised Hospitals—Plans have been made for the establishing of improvised hospitals in schools and similar buildings, if and when they are required. In a major disaster these hospitals will be needed to support existing facilities, to replace hospitals which have been destroyed and to provide hospital facilities where none had previously been available. Each of these Improvised Hospitals would be capable of handling 200 patients at any one time.

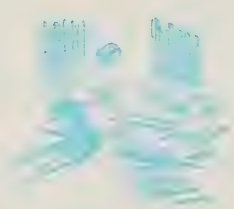
Following a large disaster, the staffing of hospitals with adequate professional personnel will present a major problem because of the limited number of doctors and nurses. Other professional groups such as dentists, pharmacists and veterinarians will be needed in creating effective emergency hospital services. Similarly, large numbers of well-trained lay persons will be needed to staff these hospitals.

In order to provide **HOSPITAL EXPERIENCE PROGRAM** experience for the lay volunteers that would be needed in an emergency, a 44-hour supervised hospital training program has been recommended by Civil Defence Health Services. Hospitals are being encouraged by Civil Defence authorities to make it possible for selected home nursing trainees to gain this vital experience.

EXTENDED HEALTH SERVICES

HOME NURSING AUXILIARIES WILL BE NEEDED IN EVACUEE HEALTH CARE UNITS

In the event of a target city evacuation large numbers of peoples will be accommodated in communities miles beyond the danger area. An Evacuee Health Care Unit, under the supervision of two or three public health nurses, will be set up within these communities. Each nurse will require three home nursing auxiliaries to assist her in dealing with health problems which may arise concerning:

- 
- (a) Infants and children, aged and handicapped persons, chronically ill and convalescents;
 - (b) Expectant mothers;
 - (c) Temporary care of the critically ill or injured until hospital accommodation is available;
 - (d) Minor injuries and accidents;
 - (e) Isolation of suspected cases of communicable disease.

HOME NURSING AUXILIARIES WILL BE NEEDED IN THE PSYCHIATRIC SECTION

Civil Defence planning includes safeguarding the morale of the civilian population should an emergency occur. Nevertheless, some people will panic and become emotionally disturbed. In order to help such persons, a Psychiatric Section will be established in conjunction with each Evacuee Health Care Unit. Where possible a psychiatrist will be in charge of the combined Evacuee Health Care Unit and its Psychiatric Section. Nurses assigned to the Psychiatric Section should have

trained in the field of Psychiatry, but home nursing auxiliaries will also be required in this section to perform minor nursing duties.



If an evacuation takes place, home nursing auxiliaries will be needed to act as health attend-

ants. It is estimated that one well-trained nursing auxiliary worker will be responsible for the health needs of approximately 250 evacuees.

HOME NURSING AUXILIARIES WILL BE NEEDED TO ACCOMPANY EVACUATION GROUPS

As an aid, the home nursing auxiliary will be provided with a health aid haversack which will be carried by her while assisting the medical profession in this major aspect of Canadian survival.



Civil Defence believes that nurses will be required to

manage emergency births in a disaster situation. Provision has been made for the care of mothers and babies in an Evacuee Health Care Unit set up in reception communities. On-the-spot instruction will be given to home nursing auxiliaries assisting with such emergencies.

EMERGENCY BIRTHS

A guide to untrained persons faced with such an emergency has been prepared for Civil Defence Health Services by the Child and Maternal Health Division of the Department of National Health and Welfare. This guide is entitled "Management of Emergency Delivery" and is available through provincial or federal Civil Defence authorities. It is suggested that all home nursing auxiliaries procure a copy of this publication for reference purposes.

CONCLUSION The Civil Defence Health Services program outlined in this booklet gives directions which will ensure public safety and care in time of disaster. However, no public service program can be established and maintained without the interest and cooperation of the people for whom it was designed. Only as people are well informed and well trained will the plan work. Only if the plan works will families and friends be protected in disaster situations.

Therefore citizens, in groups or individually, from urban and rural areas alike, can perform a useful public service by reporting to their local Civil Defence authorities for training.

NOTES

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